

Primary Care Diabetes Conference, 1997: Delivering Sensitive Diabetes Care

M.S. Hall*

Chairman Board of Trustees British Diabetic Association,
Institute of General Practice, Postgraduate Medical School, Exeter, UK

Introduction

In November 1997 the newest section of the British Diabetic Association, Primary Care Diabetes (PCD), held its annual conference, entitled *Delivering sensitive diabetes care*. Like the previous year's conference, the meeting consisted of a mixture of small group seminars and keynote lectures and was characterized by enthusiastic participation by both guest speakers and delegates from a range of different disciplines in primary care.

It was perhaps a good omen that the conference opened on the day of publication of the NHS Executive's long awaited guidelines entitled *Key Features of a Good Diabetes Service*.¹ This document had its genesis in the work of the St Vincent Task Force² which had identified strategies for preventing many of the complications of diabetes. The guidelines underlined the importance for all those involved in the planning and delivery of local diabetes services to work in partnership. The key role of general practitioners and their community colleagues in providing a structured programme of care was highlighted.

We must remember that good control of diabetes, perhaps more than any other condition, requires a high level of understanding, lifestyle modification and co-operation with treatment by patients and their families. People with diabetes need to be experts in their own condition and a very important role for the GP and practice nurse is to try to help them gain knowledge and understanding about the disease, how it affects them, and what care they should expect and, if necessary, demand. This is an enormous challenge and one which can be seen as threatening by health professionals. Apart from a shift in the culture of health care, such an approach requires that listening and teaching skills must rank equally with clinical skills.

The Programme

The conference started by giving an update of our knowledge of clinical effectiveness. Presentations under-

lined that although much work is being done to produce good evidence for clinical practice, we still have a very long way to go. The important message is that the NHS and organisations like the BDA need to invest more resources in identifying the evidence base for clinical practice as it becomes available, and then to facilitate the production of evidence-based guidelines as a resource for clinicians.

The Master Classes of the conference covered most of the areas of concern which primary health teams have to face. They ranged from providing culturally sensitive care for ethnic minority groups to the special needs of elderly people with diabetes, managing problems of weight, sexual dysfunction, the difficult task of adding insulin treatment to oral medication and the practical challenge of organizing diabetes registers and ensuring people do not get lost to follow-up. There were also opportunities to listen to patients' views and to talk about research opportunities in primary diabetes care.

The first day closed with a presentation by the Women in Theatre Group on *The Tools for the Job—a Message for Tomorrow*. This was a humorous and interactive drama piece which highlighted the difficulties patients experience in being understood by busy professionals. The professionals' expectations and hope for the patient are often way beyond what can be realistically achieved. Good interaction between health professional and patient requires that the objectives of care and personal targets are properly understood before they are set. Building the autonomy of the patient is a difficult but important part of the professional's responsibility.

The second day of the conference started with a lively AGM during which the new edition of *Recommendations for the Management of Diabetes in Primary Care*³ was launched. The programme then treated us to the patient view, helping us understand how difficult we, the professional, can be and how sometimes our objectives are very different to the patient's objectives. The day went on to discuss diabetes education and was followed by further practical workshops. These included:

- Designing a personal continuing education programme for diabetes knowledge and skills
- Constructing a baseline assessment and plan of management for patients with diabetes

* Correspondence to: Dr Michael Hall, Institute of General Practice, Division of Community Health Science, Postgraduate Medical School, Barrack Road, Exeter EX2 5DW, UK

- Assessing our own performance as diabetes educators
- Hands-on advice for those who intend to run diabetes groups
- Strategies for consulting with patients who do not use English as their mother tongue
- Health promotion diabetes prevention in the UK
- Providing and evaluating information on diabetes
- Computer programmes for diabetes care

The conference ended with a special presentation by GP Trisha Greenhalgh and diabetologist Sue Roberts, which explored ways of developing a true partnership between primary and secondary care teams. If we are to make progress in providing better care to people with diabetes then we must work towards more effective collaboration between all health care professionals. There are many examples of successful collaborative programmes around the UK.

Exhibitions and Posters

The successful launch of PCD depended heavily on collaboration with a consortium of pharmaceutical companies. The friendly and non-promotional links which have been developed with the pharmaceutical industry were certainly demonstrated at this meeting. Posters from primary care research projects were exhibited along with industry stands, and a wonderful Gala Evening at the Old Swan Hotel was enjoyed equally by conference delegates and their sponsors from the Diabetes Industry Group.

PCD UK: A New Professional Section

The British Diabetic Association has been accused of having been slow to develop links with primary care. Certainly, creating this new professional section did take time. The essence of good primary care is teamwork and the organisation of the section properly reflects the mix of health professionals in the community. It is to be hoped that the long gestation of the section has enabled us to build a strong and vibrant new primary care group which will become a major contributor to improving the care of people with diabetes.

Ending 1997 with such a successful conference marks the end of a good year for PCD, but it is only a start. Over 90 % of general practices are signed up for the Chronic Disease Management programme for diabetes, but less than 10 % were represented at the meeting. An important aim for next year must be to increase this and also to involve more of the other key professionals such as pharmacists and optometrists, as well as patients and their lay carers.

References

1. NHS Executive. *Key Features of a Good Diabetes Service*. HSG (97) 45, 1997.
2. *The Report of the Department of Health/British Diabetic Association St Vincent Joint Task Force for Diabetes*. London: Department of Health/British Diabetic Association, 1995.
3. *Recommendations for the Management of Diabetes in Primary Care*. London: British Diabetic Association, 1997.